

HUMAN SERVICES DEPARTMENT [441]

Notice of Intended Action

Pursuant to the authority of Iowa Code section 217.6, the Department of Human Services proposes to amend Chapter 76, “Application and Investigation,” and adopt new Chapter 87, “State-Funded Family Planning Program,” Iowa Administrative Code.

The proposed amendments implement a new state-funded family planning program for women whose income is under 200 percent of the federal poverty level but are not eligible for coverage under the Iowa Family Planning Network. The program will provide pregnancy prevention and related reproductive health services (not including abortion). The program will be administered by the agencies in the Iowa Family Planning Network, but claims will be submitted to a claims processor contracted for this program. The Department has issued a request for proposals to select a claims processor through competitive bidding. Service under the program will be limited by the amount of available funding.

These amendments do not provide for waivers in specified situations. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441--1.8(17A,217).

Any interested person may make written comments on the proposed amendments on or before December 10, 2008. Comments should be directed to Mary Ellen Imlau, Bureau of Policy Analysis and Appeals, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980

or by E-mail to policyanalysis@dhs.state.ia.us.

These amendments are intended to implement 2008 Iowa Acts, Senate File 2425, section 29.

The following amendments are proposed.

ITEM 1. Amend paragraph **76.1(2)“d”** as follows:

d. Women applying for medical assistance for family planning services under 441—subrule 75.1(41) or 441—Chapter 87 may also apply at any ~~Iowa Title X~~ family planning ~~clinic~~ or any ~~delegate~~ agency as defined in rule ~~441—173.1(234)~~ that provided family planning services as of July 1, 2004, or later 441—87.1(08GA,SF2425).

ITEM 2. Adopt **new** chapter 441—87 as follows:

CHAPTER 87

STATE FUNDED FAMILY PLANNING PROGRAM

PREAMBLE

This chapter defines and structures the state-funded family planning program administered by the department pursuant to 2008 Iowa Acts, Senate File 2425. The purpose of this program is to provide family planning related services to women who are ineligible for medical assistance under 441—subrule 75.1(41). The department is not receiving federal financial participation for state expenditures under the state-funded family planning program. Therefore, this chapter shall remain in effect only as long as state funding is available.

441—87.1(08GA,SF2425) Definitions.

“Applicant” means a person who applies for medical assistance under the state funded family planning program described in this chapter.

“Delegate agency” means a family planning agency that was under contract with the department for the social services block grant family planning program as of July 1, 2004.

“Department” means the Iowa department of human services.

“Family planning agency” means any Iowa Title X family planning agency or any delegate agency.

“Family planning services” means pregnancy prevention and related reproductive health services. These services shall not include abortion services.

441—87.2(08GA,SF2425) Eligibility. Eligibility for the state-funded family planning program shall be determined according to the provisions of this rule.

87.2(1) Persons covered. Subject to funding as described in subrule 87.2(3), medical assistance for family planning services shall be available to a woman who:

- a. Is seeking pregnancy prevention services;
- b. Is capable of bearing children but are not pregnant;
- c. Is a resident of Iowa as defined in rule 441—75.10(249A);
- d. Has income that does not exceed 200 percent of the federal poverty level as determined according to 441—paragraph 75.1(41)“c”;
- e. Has been determined ineligible for medical assistance under 441—subrule 75.1(41) after having cooperated with the application process; and
- f. Is eligible under 441—subrule 75.1(41) except for:
 - (1) Documentation of citizenship and identity pursuant to 441—paragraph 75.11(2)“c,” “d,” or “e”; or
 - (2) Enrollment in credible health insurance coverage.

87.2(2) Citizenship. To be eligible for state-funded family planning assistance, a woman

must declare that she meets the requirements in 441--paragraph 75.11(2)"a." A woman who claims a qualified alien status shall provide documentation of this status.

87.2(3) Funding contingency. Initial and continuing eligibility for family planning services under this program is subject to the availability of funding appropriated for this purpose.

a. When appropriated funding is exhausted, ongoing eligibility shall be terminated and new applications shall be denied.

b. When appropriated funding becomes available, applications submitted thereafter will be granted on a first-come, first-served basis, based on the date of decision.

441--87.3(08GA,SF2425) Application. A woman requesting assistance for family planning services shall file an application for medical assistance as required in rule 441--76.1(249A). An application that is denied for medical assistance under 441—subrule 75.1(41) shall be considered an application for this coverage group.

87.3(1) Place of filing. An application may be filed at any family planning agency.

87.3(2) Time limit for decision. An application shall be investigated by the family planning agency with which the application was filed. A determination shall made as defined in rule 441—76.3(249A).

87.3(3) Notice of decision. The applicant shall be notified in writing of the decision regarding the applicant's eligibility for the state funded family planning program.

441--87.4(08GA,SF2425) Effective date. Subject to the availability of funding appropriated for this purpose, assistance for family planning services under this program shall be effective on the first day of the month of application or the first day of the month in which all eligibility requirements are met, whichever is later. Assistance shall not be available under this program for any months preceding the month of application.

441--87.5(08GA,SF2425) Period of eligibility and reapplication. Eligibility for family planning services under this program shall be limited to a period of 12 months from the effective date of eligibility, or the duration of appropriated funding, whichever is less. A new application shall be required for benefits to continue beyond this date.

441--87.6(08GA,SF2425) Reporting changes.

87.6(1) Required report. A woman applying for or receiving family planning services under this program shall report to the family planning agency when she:

- a. Has a change in health insurance coverage;
- b. Is no longer a resident of Iowa;
- c. Is no longer seeking services that prevent pregnancy; or
- d. Is no longer capable of bearing children.

87.6(2) Timeliness. Reports shall be considered timely when received by the family planning agency within ten days from the date the change is known to the woman. When these changes are not timely reported, any incorrect program expenditures shall be subject to recovery from the woman.

441--87.7(08GA,SF2425) Availability of service. Family planning services are payable for a woman enrolled in this program only when care is received at a family planning agency. Services covered but unavailable at the family planning agency must receive prior approval by the Department to be payable to a provider that is not a family planning agency. Covered services shall not include abortion services.

441--87.8(08GA,SF2425) Payment of covered services. Payment for family planning services covered under this chapter shall be made on a fee schedule determined by the Department.

87.8(1) Fee schedule. The fee schedule shall include the amount of payment for each

service and any limits on the service (e.g. a routine pap smear is payable once annually).

87.8(2) Third-party payments. This program is the payer of last resort for services covered in this chapter. Any third-party payment received by the provider plus any payments under this program cannot exceed the fee schedule allowance.

87.8(2) Supplementation. Payment made under this program shall be considered payment in full.

441--87.9(08GA,SF2425) Submission of claims. Providers of medical care that participate in the program shall submit claims to the Department's contracted claims processor no later than 45 days from the last day of the month in which services were provided. Claims shall be submitted in the manner prescribed by the Department for this program. Following a successful review of the claim, the claims processor shall make payments shall be made to the provider subject to the availability of funding.

These rules are intended to implement 2008 Iowa Acts, Senate File 2425, section 29.